Kentucky Department for Medicaid Services

Drug Review Options

The following chart lists the agenda items scheduled and the options submitted for review at the November 17, 2005 meeting of the Pharmacy and Therapeutics Advisory Committee.

Item	Options for Consideration
Selective Serotonin Reuptake Inhibitors Re-review	1. The SSRI class was reviewed by P&T in August 2004. 2. All SSRI's and all dosage forms are considered clinically equivalent in efficacy and safety. 3. Continue current quantity limits of 30 units/30 days on SSRI agents. 4. Continue tablet splitting for branded SSRI's. 5. DMS to select agent(s) as preferred based on economic evaluation. 6. Agents not selected as preferred based on economic evaluation will require PA. 7. Patients will be allowed a 3 month transition period when effected by PDL changes, unless clinical instability exists such that switching medications would result in deterioration of their condition. 8. For any new chemical entity in the SSRI class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.
Intranasal Steroids Re-review	1. The intranasal steroid class was reviewed by P&T in September, 2004. 2. All agents in the intranasal steroid class are considered clinically equivalent in efficacy and safety. 3. Continue current quantity limits of 1 inhaler unit per 30 day supply on intranasal steroid agents. 4. DMS to select agent(s) as preferred based on economic evaluation. 5. Agents not selected as preferred based on economic evaluation will require PA. 6. For any new chemical entity in the intranasal steroid class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.
Inhaled Corticosteroids Re-review	1. The inhaled corticosteroids were reviewed by P&T in September 2004. 2. All inhaled corticosteroids were considered clinically equivalent in efficacy when administered at comparable doses. 3. DMS to select agent(s) based on economic evaluation. 4. Agents not selected as preferred based on economic evaluation will require PA. 5. For any new chemical entity in the inhaled corticosteroid class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.

Hepatitis C Medication Management: Pegylated Interferon-alfa, Ribavirin Re-review	1. Pegylated Interferon-alfa and ribavirin were reviewed by P&T in July 2003. 2. Continue 16 week duration of therapy limit and require a genotype and qualitative HCV RNA serum assay for continuation treatment. 3. Patients with EVR (2 log decrease in viral load at 12 weeks) will be approved for continuation treatment for an additional 32 weeks for viral genotype 1 or 4 for a total of 48 weeks. 4. An EVR is not required for genotype 2 or 3, but will receive a total of 24 weeks of therapy based on documentation of genotype. 5. DMS to select agent(s) based on economic evaluation. 6. Agents not selected as preferred based on economic evaluation will require PA. 7. For any new chemical entity in the Hepatitis C medication class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.
New Generation Antidepressants Class Review	1. All agents in the New Generation Antidepressant class are considered clinically equivalent in efficacy for the treatment of depression. 2. DMS to select agent(s) based on economic evaluation. 3. Agents not selected as preferred based on economic evaluation will require PA. 4. Require an inadequate therapeutic response with a trail(s) of a SSRI or generic New Generation Antidepressant before a branded New Generation Antidepressant is utilized. 5. Patients will be allowed a 3 month transition period when effected by PDL changes, unless clinical instability exists such that switching medications would result in deterioration of their condition. 6. For any new chemical entity in the New Generation Antidepressant class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.
Alzheimer's Disease: Cholinesterase Inhibitors Class Review	1. All agents in the Alzheimer's disease cholinesterase inhibitor class are equivalent in efficacy and safety. 2. Place a quantity limit of 30 days therapy on agents in class. 3. DMS to select agent(s) based on economic evaluation. 4. Agents not selected as preferred based on economic evaluation will require PA. 5. For any new chemical entity in the Alzheimer's disease cholinesterase inhibitor class , require a PA and quantity limit until reviewed by the P&T Advisory Committee
Agents used in Multiple Sclerosis Class Review	1. All agents in the multiple sclerosis class are considered clinically equivalent in efficacy and safety. 2. Place quantity limits on agents in class. 3. DMS to select agent(s) based on economic evaluation. 4. Agents not selected as preferred based on economic evaluation will require PA. 5. For any new chemical entity in the Multiple Sclerosis class, require a PA and quantity limit until reviewed by the P&T Advisory Committee

The following terms will be utilized within the therapeutic monograph to classify medications during Drug Class Reviews. By using these terms, the reviewer will be able to easily identify any clinical differences between the medications within the class being reviewed.

Superior - Following evidence-based review, it is determined that the drug provides a therapeutic advantage, in terms of safety and/or efficacy, over other available products within the same treatment modality.

Equivalent - Following evidence-based review, it is determined that the drug is therapeutically equivalent in both safety and efficacy to other available products within the same treatment modality.

Not Essential - Following evidence-based review, it is determined that the drug has no therapeutic advantage, due to either reduced safety or efficacy, over other available products within the same treatment modality.